



# New Residential Combination Building Permit Application

Permit #: SFD \_\_\_\_\_ - \_\_\_\_\_

(Please Print)

PRIMARY DWELLING:  This permit application may include the scope of work required for a residential fence, residential drive approach and residential irrigation system as long as the required information is submitted at the time of initial application. Otherwise, additional permits may be required.

SECONDARY/ACCESS. DWELLING:

APPLICATION DATE: \_\_\_\_\_

- Plans must be legible and drawn to scale.
- Please submit one (1) paper copy (18"x24" min.) and one (1) digital copy of the plans including the following:

PROJECT ADDRESS: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

TYPE OF WORK: NEW: [ ] ADDITION: [ ] OTHER: \_\_\_\_\_

USE OF STRUCTURE OR NEW CONSTRUCTION: \_\_\_\_\_

OWNER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

YES	NO	DETAILS: IF YES TO ANY OF THE FOLLOWING, INCLUDE PLANS WITH DETAILS AS OUTLINED IN SUBMITTAL INSTRUCTIONS.
		INCLUDES DRIVEWAY APPROACH?
		INCLUDES IRRIGATION SYSTEM?
		INCLUDES FENCE? MATERIAL: _____ HEIGHT: _____ (Circle all that apply) FRONT - - BACK - - SIDES
		INCLUDES MULTIPLE STRUCTURES? TOTAL NUMBER: _____
		INCLUDES RETAINING WALLS GREATER THAN FOUR (4) FEET?
		INCLUDES FIRE SUPPRESSION SYSTEM?

Work to begin:		
Work to be completed:		
<b>THE FOLLOWING PLANS ARE ATTACHED:</b>		
Plot Plan/Site Plan:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Floor Plans:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Engineered Foundation Plan:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Structure Elevations:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Drainage Plan:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Estimated Value of construction:		
Total Site Area:		Sq. Ft.
Total Site Area:		Acres
Number of Stories:		
<b>Proposed Structure floor areas:</b>		
Structure will Cover:		Sq. Ft.
Total Conditioned Space:		Sq. Ft.
Total Garage:		Sq. Ft.
Total Carport:		Sq. Ft.
Total Decks:		Sq. Ft.
Total Porches:		Sq. Ft.
<b>Additional Information:</b>		
Number of Bedrooms:		
Number of Bathrooms:		
<b>UTILITY INFORMATION:</b>		
<b>Water and Sewer:</b>		
Water Service:	Public <input type="checkbox"/>	Private Well <input type="checkbox"/>
Sewage Disposal:	Public <input type="checkbox"/>	Private <input type="checkbox"/>
<b>Electrical:</b>		
Electrical Provider: WE <input type="checkbox"/> TXU <input type="checkbox"/> TRI-COUNTY <input type="checkbox"/>		
Electric Service Size: 100amp <input type="checkbox"/> 200amp <input type="checkbox"/>		
Other: _____		
Type of Electric Service:	Underground <input type="checkbox"/>	Overhead <input type="checkbox"/>
<b>Gas:</b>		
Gas Provider:		
Gas Service:	Natural <input type="checkbox"/>	LP <input type="checkbox"/>

GEN. CONTRACTOR:	REG. #:
PLUMBER:	REG. #:
ELECTRICIAN:	REG. #:
MECHANICAL:	REG. #:
ROAD APPROACH:	REG. #:
IRRIGATION:	REG. #:
FENCE:	REG. #:
FIRE SUPPRESSION:	REG. #:

AN ISSUED PERMIT BECOMES NULL AND VOID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. REQUESTS FOR INSPECTIONS REQUIRE A MINIMUM 24 HOURS NOTICE.

I HAVE CONTACTED THE HOMEOWNERS ASSOCIATION (HOA) OR OTHERWISE VERIFIED AND HAVE RECEIVED HOA APPROVAL IF APPLICABLE. BY SIGNING THIS APPLICATION, I CERTIFY THAT THE PLANS AND ALL CONSTRUCTION IF APPLICABLE, MEETS OR EXCEEDS CURRENT CODE REQUIREMENTS. I HEREBY AFFIRM I HAVE READ THE APPLICATION, THE ABOVE STATEMENTS ARE TRUE AND CORRECT, AND I ALSO AGREE TO COMPLY WITH ALL APPLICABLE PROVISIONS OF THE ADOPTED BUILDING CODES.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CONTRACTORACKNOWLEDGEMENTS

## PERMIT APPLICATION PLANS SUBMITTAL CHECKLIST

Permit #: SFD \_\_\_\_\_ - \_\_\_\_\_

**ONLY individual contractors MUST COMPLETE AND SIGN this form.**  
***If your State License or COI (Certificate of Insurance) is expired the permit you are working will be invalid and will not be issued or may be cancelled by the Building Official.***

Construction address: \_\_\_\_\_

Building Contractor: \_\_\_\_\_

### **MASTER ELECTRICIAN'S STATEMENT**

I, \_\_\_\_\_, do acknowledge that **I will be doing the electrical work** for the  
(print name)  
construction at the above stated address.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(date) (signature) License # Exp. date Cert. of Insurance exp. date

\_\_\_\_\_  
(Company name, address & phone number)

### **MASTER PLUMBER'S STATEMENT**

I, \_\_\_\_\_, do acknowledge that **I will be doing the plumbing work** for the  
(print name)  
construction at the above stated address.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(date) (signature) License # Exp. date Cert. of Insurance exp. date

\_\_\_\_\_  
(Company name, address & phone number)

### **MECHANICAL/HVAC STATEMENT**

I, \_\_\_\_\_, do acknowledge that **I will be doing the mechanical/HVAC work**  
(print name)  
for the construction at the above stated address.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(date) (signature) License # Exp. date Cert. of Insurance exp. date

\_\_\_\_\_  
(Company name, address & phone number)



# ENERGY CODE COMPLIANCE

Permit #: SFD \_\_\_\_\_ - \_\_\_\_\_

## RESIDENTIAL CHECKLIST

(Please Print)

Project Address:			
Building Contractor:			
Phone Number:		Email:	
Project Type: (Check One)	<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel

### Submit Required Documentation with Permit Application

- Energy Compliance Documentation – Choose only ONE method.  
(All methods must meet mandatory requirements in Section 2)

- Prescriptive** Complete Section 3 on back of this form.
- Trade Off** Include REScheck compliance form.
- Performance** Include RemRate™, Energy Gauge™, or IC3 documentation.
- EnergyStar®** Additional documentation is not required with permit application. Certificate of compliance provided by an independent rater must be provided prior to approving building final inspection.

- Mandatory Requirement

All projects must meet the mandatory requirements of Chapter 11 of the 2009 IRC.

Mandatory Requirements		Notes
A	Building Thermal Envelope	Seal building envelope from air infiltration
B	Attic Access	Access doors shall be weatherstripped and insulated
C	Fireplaces	Wood-burning fireplaces must have gasketed doors
D	Fenestration Air Leakage ≤ 0.3 cfm/sf	Windows, sliding glass doors, skylights
E	Fenestration Air Leakage ≤ 0.5 cfm/sf	Swinging doors
F	Recessed Lighting	IC-rated and air tight
G	Heating/Cooling System Controls	Programmable thermostats
H	Duct Sealing	All ducts sealed with approved materials
I	Building Cavities	Building cavities shall not be used as supply ducts
J	Mechanical System Piping Insulation	R-3 minimum for > 105° F or < 55° F
K	Circulating Hot Water System	Piping insulated to R-2 minimum and on/off switch
L	Mechanical Ventilation	Outdoor air intakes/exhaust require dampers
M	Lighting Equipment	A minimum of 50% of light bulbs must be compact fluorescent or other high-efficient lamp

# PRESCRIPTIVE CHECKLIST

(MUST BE COMPLETED BY APPLICANT)

## 3. Prescriptive Requirements

Complete this table if prescriptive method is chosen in Section 1.

Building Components	Prescriptive Standard	Actual Value (to be completed by applicant)	Notes
<b>Insulation – Prescriptive Standard is Minimum R-Value</b>			
Ceilings	<b>R-30</b>		R-30 is the minimum. There is no reduction allowance for vaulted ceiling or mechanical platforms.
Wood Frame Wall	<b>R-13</b>		
Floors Over Unconditioned Space	<b>R-19</b>		
Basement Walls	<b>0</b>		Basement wall insulation is not required in warm-humid locations such as Parker County.
Crawl Space Walls	<b>R-5 or R-13</b>		R-5 continuous insulation on the interior or exterior, or R-13 for interior wall cavity.
Duct Insulation	<b>R-6 other than attic</b>		Ducts located completely inside building thermal envelope are exempt.
<b>Fenestrations – Prescriptive Standard is Maximum U-Factor</b>			
Windows, Sliding Glass Doors, and Swinging Doors With > 50% glazing	<b>U-0.50</b>		An area weighted average may be used to satisfy the U-factor requirements but must include all windows, skylights, glass doors, and opaque doors. Provide documentation if this is used. Fifteen square feet of window space and one door (maximum twenty-four square feet) may be exempted if labeled on floor plan.
Skylights	<b>U-0.65</b>		

### Notes:

- i. For further clarification on any of the above items, please consult Chapter 11 of the 2009 International Residential Code (IRC). The IRC may be purchased through the International Code Council at [www.iccsafe.org](http://www.iccsafe.org) or 1-888-ICC-SAFE.
- ii. For a Thermally Isolated Sunroom addition (greater than 40% glazing of walls and roof), refer to Section N1102.2.11 of the IRC.
- iii. For up-to-date energy references, energy training, and free downloadable REScheck software, visit [www.energycodes.gov](http://www.energycodes.gov).
- iv. The International Code Compliant Calculator (IC3) can be accessed at <http://ic3.tamu.edu>.



# Irrigation System Permit Application

Permit #: SFD \_\_\_\_\_ - \_\_\_\_\_

**\*\*All contractors MUST FIRST REGISTER (once per year) by completing the Annual Contractor Registration Form\*\***

Application Date: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Property Owner(s) Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Contractor(s) Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

YES	NO	Minimum Requirements
		Legible and valid irrigator's seal, signature, date signed and license number.
		Physical features: trees, slopes, impervious surfaces, sidewalks, driveways, fences, wells, onsite sewage facilities, buildings and flower beds
		North Arrow
		Legend
		Boundaries of area to be irrigated and areas not to be irrigated clearly identified.
		Zone flow measurement for each zone
		Location of controller(s)
		Location and type of sensor used (e.g., rain and freeze system)
		Location, type and size of water source(s)
		Location, type and size of the backflow assembly
		Location, type and size of water emission devices
		Location, type and size of all valves (e.g., isolation valve, master valve or zone valve)
		Location, type and size of pressure regulation components
		Location, type and size of main line and lateral pipe material
		Design pressure calculation indicating operating pressure with total pressure losses to the water source. Provide hydraulic calculations indicating pressure at largest and furthest zones from the water source.

The City of Weatherford requires all Irrigation Systems installed within the city limits to be inspected. The backflow device **MUST BE TESTED** upon installation and annually thereafter by a licensed backflow tester. **All** test reports must be turned into this office for each device.

**BACKFLOW TESTERS MUST SUBMIT ALL REPORTS TO THE CITY OF WEATHERFORD,  
DEVELOPMENT & NEIGHBORHOOD SERVICES DEPARTMENT**

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ALL IRRIGATION SYSTEM PERMITS REQUIRE AN **UNDERGROUND IRRIGATION INSPECTION**, AND A FINAL **IRRIGATION INSPECTION**. THE **BACKFLOW REPORT** COMPLETED BY THE BACKFLOW TESTER IS REQUIRED TO BE AT THE JOB SITE AT THE TIME OFFINAL IRRIGATION INSPECTION.

BY SIGNING THIS APPLICATION I CERTIFY THAT INSTALLATION OF THIS IRRIGATION SYSTEM MEETS OR EXCEEDS THE MINIMUM STANDARDS OF THE CITY OF WEATHERFORD, TEXAS AND THE STATE OF TEXAS.

I HEREBY AFFIRM I HAVE READ THE APPLICATION, THE ABOVE STATEMENTS ARE TRUE AND CORRECT, AND I ALSO AGREE TO COMPLY WITH ALL APPLICABLE PROVISIONS OF THE ADOPTED BUILDING CODES.

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Registration Number: \_\_\_\_\_



# FENCE or RETAINING WALL PERMIT APPLICATION

Permit #: SFD \_\_\_\_\_ - \_\_\_\_\_

**\*\*All contractors MUST FIRST REGISTER (once per year) by completing the Annual Contractor Registration Form\*\***

**RETAINING WALLS:** Walls that are over 4 feet (1219 mm) in height measured from the bottom of the footing to the top of the wall or supporting a surcharge. Surcharge examples would be a road, parking lot or structure.

Street Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Overall height (Bottom of Footing to Top of Wall): \_\_\_\_\_ Feet \_\_\_\_\_ Inches

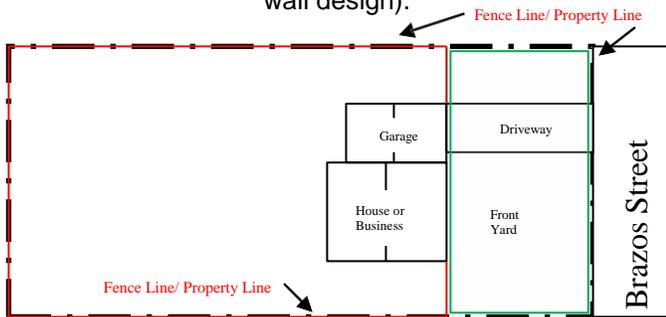
Type of Material Using to Construct Wall/Fence: \_\_\_\_\_

**PERMIT INFO:** Residential Fences = \$50.00 (due at time of permit issuance)  
Commercial Fences = \$50.00 (due at time of permit issuance)  
Retaining Walls = \$50.00 (due at time of permit issuance)

**\*\*All retaining walls require an Engineer's stamped design.**  
**\*\*Identify location of meter base on structure in fencing applications.**

## SITE OR PLOT PLAN: DRAW FENCE AND/OR RETAINING WALL LOCATION ON PLAN

**Fences:** Provide 2 copies of property survey or scaled/dimensioned diagram.  
**Retaining Walls:** Provide 3 copies of property survey or diagram (must include Engineer's stamp on wall design).



- NOTE:**
- Any fence located in the front yard (green area) in residential must be a maximum of five feet tall and 50% opaque (see through).
  - Corner lots require fifteen-foot setback on side yard.
  - Residential fences are limited to six feet tall unless approved.
  - Fences must be made with approved fence materials.
  - For commercial retaining walls provide topographical elevations at 2' intervals.
  - Electrical equipment (meters, transformers and junction boxes) shall not be enclosed by fences.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law, ordinance, or regulation. **The issuance of a permit neither exempts nor modifies any covenants, deed restrictions, city ordinances and/or state or federal laws, whether herein specified or not.**

APPLICANT NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

Signature



# TRANSPORTATION AND PUBLIC WORKS DEPT. DRIVEWAY APPROACH

Permit #: SFD \_\_\_\_\_ - \_\_\_\_\_

PERMIT APPLICATION

**\*\*All contractors MUST FIRST REGISTER (once per year) by completing the Annual Contractor Registration Form\*\***

Address of Construction: \_\_\_\_\_ Start Date: \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_

Property Owner: _____	Contractor: _____
Address: _____	Address: _____
City, ST, Zip _____	City, ST, Zip: _____
Home Phone: _____	Phone: _____
Day/Other #: _____	Other Phone: _____

Applicant is: Property Owner  Contractor  Other

I hereby make application for a right-of-way excavation permit for the described location. As duly authorized agent of said property, I agree to abide by all ordinances and specifications of the City of Weatherford, whether here in specified or not.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

WORK TO BE DONE:

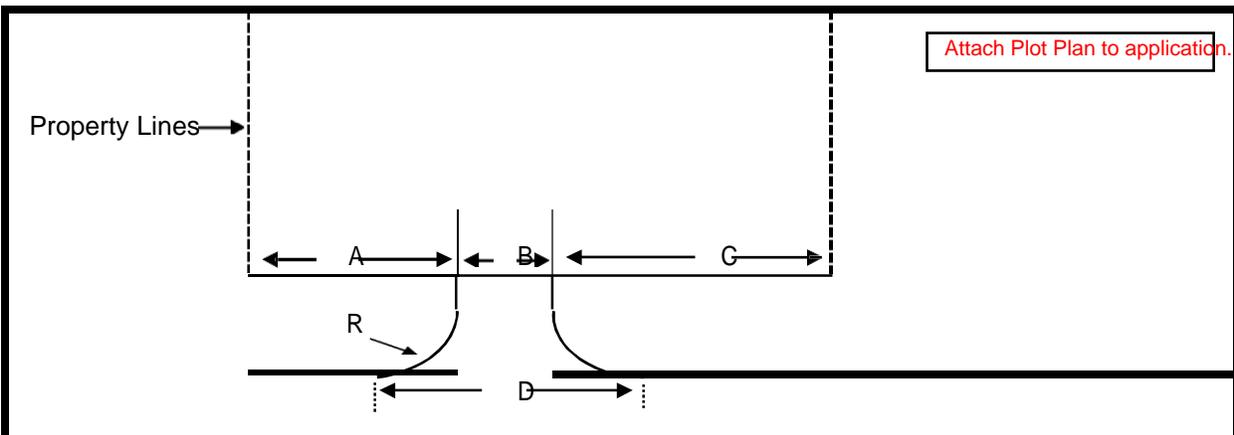
New Drive Approach?  Circular drive?

**PROVIDE THE FOLLOWING DIMENSIONS:**

A = \_\_\_\_\_ Width of Lot: \_\_\_\_\_ FT  
 B = \_\_\_\_\_ If C/G required\*: \_\_\_\_\_ LF  
 C = \_\_\_\_\_ \*Allow 10 business days for markup  
 D = \_\_\_\_\_ **NOTE: All existing drive**  
 R = \_\_\_\_\_ **approaches must beshown.**

**COMPLETE THIS CHECKLIST:**

- Draw the shape of the bldg on lot.
- Show curb lines if existing.
- Show utility boxes/draininlets/poles.
- Show sidewalks if existing.
- Show name(s) of street(s).



**A MINIMUM OF 24 HOURS IS REQUIRED FOR REVIEW.**

**An original applicant and/or contractor signature shall be obtained upon permit issuance.**

OFFICE USE ONLY

Special permit conditions attached? \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Approved | Permit Number \_\_\_\_\_  
 Denied | Reasons for denial: \_\_\_\_\_

RETURN TO PLANNING & DEVELOPMENT DEPARTMENT WITH FEES.

## INSTRUCTIONS TO APPLY FOR DRIVEWAY APPROACH PERMIT

1. Fill in the driveway approach permit application completely as part of the **New Residential Combination Permit Application**, including applicant/property owner and contractor information. A sketch of work, such as a plot plan, is required. If you have obtained the application via the website, the [Drive Approach details and specifications](#) are available online (and at the Development & Neighborhood Services office).
2. An original signature from the applicant and/or contractor are required on the permit application.
3. Submit the completed application to:  
[PermitApplications@weatherfordtx.gov](mailto:PermitApplications@weatherfordtx.gov)
4. Upon issuance of a permit, you will be sent an email with all approved construction documents attached. It is the contractor's responsibility to print these documents and have them available on-site for inspections.

## TERMS, CONDITIONS AND REQUIREMENTS

1. The Contractor shall schedule the inspection of each driveway approach a minimum of 24 hours prior to the time of inspection by calling 817-598-4041.
2. The Contractor shall satisfy the requirements of the State of Texas damage prevention law (Utilities Code Title 5, Chapter 251) effective October 1, 1998. Helpful Info: (contractor responsible for contacting line locators) Dig TESS 1-800-245-4545 or [www.digtess.org](http://www.digtess.org) and contact City of Weatherford Utilities Department 817-598-4258.
3. The Contractor shall install and maintain all detours, lane closures, signing, traffic control devices, etc. in conformance with the [Texas Manual on Uniform Traffic Control Devices](#), and in accordance with City of Weatherford requirements, and as directed by the City staff.
4. The Contractor and Owner shall indemnify and reimburse the City for **any and all** restorative costs resulting from the Contractor's work not complying with the terms and conditions of the permit as it may be issued.
5. If work is located in the State's right-of-way, the Contractor shall apply for TxDOT driveway approach permit from Manny Palacios, (817)598-4296.